PART B - FEE(S) TRANSMITTAL

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Andra Wooten	(Depositor's name
(Judicio al	(Signature
September 1, 2006	(Date

APPLICATION NO.	FILING DATE	FIRST NAM	MED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION N
10/089,483	09/17/2002	Charles W. Scarantino		9099-2IP	1156
ITLE OF INVENTION: METHODS, COMPUTER PROGRAM PRODUCTS, AND DEVICES FOR CALIBRATING CHRONICALLY TISSUE MPLANTED SENSORS USING CHRONICALLY TISSUE					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY NO	ISSUE FEE \$1400	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE 09/20/2006
nonprovisional				<u> </u>	

L	EXAMINER	ART UNI	Т	CLASS-SUBCLASS		
_	NASSER, ROBERT L	3735		600-345000	•	
	. Change of correspondence address or indication of "Four 1.363). Change of correspondence address (or Change of Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Addres	Correspondence	(1) the na or agents (2) the na registered 2 registered	nting on the patent front page, limes of up to 3 registered pater OR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed.	nt attorneys a member a nes of up to	Myers Bigel Sibley & Sajovec, P.A.
3	. ASSIGNEE NAME AND RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	Γ (print or type)		

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

1) Sicel Technologies, Inc.

2) North Carolina State University

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Morrisville, North Carolina

Raleigh, North Carolina

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🔲 Government

4a. The following fee(s) are enclosed: ☑ Issue Fee - \$1400 ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies	4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0220 (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee Africa will not be acce	lication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. pred from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in

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Authorized Signature	Date 7/14/0%

Typed or printed name Robert N. Crouse Registration No. 44,635

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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